

APPLICATION FOR ABSENTEE VOTER BALLOT (State of Hawaii Registered Voters Only)

STATE OF HAWAII

- ☐ County of Hawaii ☐ County of Kauai
☐ County of Maui ☐ City and County of Honolulu

For office use only

Type
Code

MM - Military Member
MD - Military Dependent
OC - Overseas Civilian

Mail
Codes

F - Foreign
C - Con US
S - State
L - Local

Section I.

I hereby request Absentee Ballots for the following 19____ Election(s).

☐ Primary only ☐ General only ☐ Primary & General ☐ Special ☐ OHA

I hereby request ballot instructions in: ☐ Japanese (Oahu) ☐ Ilocano (Oahu, Maui, and Kauai)

Section II. Print clearly in ink. Failure to complete all items will prevent acceptance of this application.

1. SOCIAL SECURITY NUMBER* ____ - ____ - ____	2. DATE OF BIRTH ____/____/____ Month Day Year	3. TELEPHONE Home _____ Business _____	
4. LAST NAME _____		First Name _____	Middle Initial(s) _____
5. ADDRESS WHERE YOU RECEIVE YOUR MAIL (Street address or P.O. Box) _____		City/Town _____	Zip Code _____
6. RESIDENCE ADDRESS IN HAWAII (Must be completed, P.O. Box, R.R., S.R. are not acceptable) _____		Apt. No. _____	City/Town _____ Zip Code _____
7. If no street/residence address, describe location of residence (Leave blank if #6 is completed) _____		City/Town _____	Zip Code _____
		8. GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	

Section III. Please mail my ballots to:

PRIMARY (or SPECIAL)

9. Name _____	11. Name _____
10. Forwarding Address (Include Zip Code) _____	12. Forwarding Address (Include Zip Code) _____
_____	_____
_____	_____
<input type="checkbox"/> HOLD for arrival	<input type="checkbox"/> HOLD for arrival

GENERAL (if mailing address is different from PRIMARY)

Section IV.

I hereby affirm that: 1) I am the person named above; 2) I am requesting an absentee ballot for myself and no other; and 3) all information furnished on this application is true and correct.

13. Signature or Mark of Applicant _____	Date _____
Witness Signature (required only if applicant is unable to sign) _____	
Address of Witness _____	Phone no. of witness _____

***Notice:** A Social Security Number is required by HRS §11-15 and §15-4. It is used to prevent fraudulent registration and voting. Failure to furnish this information will prevent acceptance of this application. Pursuant to HRS §11-20, the City/County Clerks may use this application to transfer a voter to the proper precinct to correspond with the address given above, under item 6.

Application No. _____

Office use only

District _____	Precinct _____	Ballot Stub No. _____	Ballot Mailed _____	By _____
Clerk _____		OHA Ballot Stub No. _____	Ballot Received _____	By _____
Remarks: _____				